



U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

MADAGASCAR

At the end of 2000, the island nation of Madagascar reported only 280 HIV/AIDS cases from a population of 16 million. Due to underreporting, weak surveillance, and unavailability of HIV testing services, experts considered this figure to be quite low. The 2001 UNAIDS estimation was 22,000 people were living with HIV/AIDS in Madagascar, which yielded an adult prevalence of 0.3 percent.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	22,000
Total Population (2001)	16.4 million
Adult HIV Prevalence (end 2001)	0.3%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	1.0%
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	1.0%

Sources: UNAIDS, U.S. Census Bureau

Results from a survey in 2000 suggest that HIV prevalence among patients seeking care for sexually transmitted infections has increased substantially, and Madagascar may be experiencing an accelerated spread of HIV/AIDS. Complicating the situation are rates of sexually transmitted infections, such as syphilis and gonorrhea, which are among the highest in the world. In 1997, more than 14 percent of pregnant women in specific regions of Madagascar tested positive for syphilis, and syphilis prevalence among sex workers ranged as high as 35 percent.

While national data are sparse for the general population, data on sexually transmitted infections among vulnerable women are well documented. A 2001 U.S. Agency for International Development (USAID)-funded operations research study found 82 percent of female sex workers had at least one sexually transmitted infection, and, at baseline, gonorrhea and chlamydia infection rates were as high as 34 percent and 26 percent, respectively. In addition, behavioral data showed less than 14 percent of commercial sex workers in Antananarivo, the capital, reported using a condom during their last sexually act.



Map of Madagascar: PCL Map Collection, University of Texas

Madagascar's limited access to health and social services, high illiteracy, low condom use, widespread poverty, and high rates of sexually transmitted infections provide ideal conditions for the rapid spread of HIV to the general population. Internal migration and mobility, as well as international gem sellers and workers, may become a real factor for the spread of HIV infection in the island. Lack of reliable HIV seroprevalence data is an additional challenge.

Malagasy women's low economic status, combined with a greater biological susceptibility to HIV, makes them particularly vulnerability to infection. Since the discovery of multiple mining sites in the interior of the country, a new emerging vulnerable population has appeared: laborers in mining communities and their transient partners.

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A joint UNAIDS/USAID/UNICEF report estimated 6,000 Malagasy children had been orphaned because of AIDS by the end of 2001.

National Response

Madagascar began implementing activities to combat HIV/AIDS as early as 1988. The *Programme National de Lutte contre le SIDA*, or National AIDS Program, was established in the early 1990s.

In late 2000, the Prime Minister designated a national coordination office as the focal point for intersectoral HIV/AIDS prevention efforts and began to develop a national strategic plan. However, a political crisis brought efforts to a halt. The new government that emerged at the end of the crisis in 2002 made a commitment to tackle the HIV/AIDS epidemic.

Recognizing the importance of intensifying prevention efforts, the newly elected Malagasy President has taken a strong leadership role in AIDS prevention. He has established and chairs a new structure for the National Coordination of HIV Programs. An executive secretary manages a national multisectoral response to the epidemic.

Under the President's leadership, since October 2002:

- An office of HIV/AIDS programs was established at the Ministry of Health to ensure technical quality of the interventions;
- The National Strategic Plan 2002–2006 was finalized;
- A national monitoring and evaluation plan was developed;
- A national mother-to-child transmission policy and a legal framework for people living with HIV/AIDS were established.

The Government of Madagascar identified 20 high transmission priority zones and is in the process of finalizing action plans for these hot spots. Sectoral action plans (education, armed forces, tourism, population, youth, and sports) have also been developed.

In March 2003, the National Coordination of HIV Programs held a partner-coordinating forum and formalized the terms of reference for a country coordinating mechanism for the Global Fund for AIDS, Tuberculosis, and Malaria. The Government of Madagascar plans to submit a country proposal for the Fund in the third round.

A \$20 million World Bank Multisectoral AIDS Project supports the Government of Madagascar's comprehensive response. A United Nations Development Assistance Framework document is being developed.

USAID Support

In 2002, USAID allocated \$1.25 million to HIV/AIDS programs in Madagascar. In conjunction with the Mission's Integrated Strategic Plan, USAID/Madagascar's HIV Strategy (2003–2008) was recently approved. The strategy builds on the Mission's past experience and situation analysis and flows logically from the previous five-year strategy. The situation analysis suggests effective actions in Madagascar must occur at two levels:

- Strong technical support to the President's National Multisectoral HIV Prevention Initiative; and
- Interventions targeted at populations at highest risk in select high-priority geographic zones with key activities.

The Mission also has integrated HIV prevention activities across sectors in the new 2003–2008 country strategy.

USAID supports the following country programs:

Surveillance, monitoring, and evaluation

The national sentinel HIV/AIDS surveillance system has not been functional since 1996. To establish a robust second-generation surveillance system, USAID supports the Centers for Disease Control and Prevention to undertake a rapid assessment of the current surveillance system and provide recommendations. Following these recommendations, USAID will support a survey of high HIV transmission areas. Results of the survey are critical for improving targeted interventions and monitoring their reach.

A nationwide HIV and syphilis seroprevalence survey among pregnant women and patients with sexually transmitted infections was conducted through a multidonor effort in June 2003.

USAID provides leadership for the Government of Madagascar's HIV monitoring and evaluation committee and is working with the government, donors, Centers for Disease Control and Prevention, and Family Health International to establish a strong a second-generation survey system in Madagascar.

Operations research

USAID supports multicountry programmatic research on the female condom. The research will provide information on:

- Female condom's impact on levels of protection;
- Female condom's impact on sexually transmitted infection rates;
- Added value of clinic-based counseling; and
- Cost-effectiveness of adding female condom to male condom distribution programs.

Condom and sexually transmitted infection kit social marketing

USAID/Madagascar supports condom promotion and programs to strengthen private sector response to HIV/AIDS. As of December 2001, more than 1,000 private physicians had been trained on the syndromic approach. Condom sales through social marketing increased from 1.1 million in 1996, to more than 6.4 million in 2002. Prepackaged treatment kits for gonorrhea and chlamydia were developed and launched in mid-2002. In seven months, 84,720 kits had been sold in the private sector and 50,000 kits will be provided to the public sector through the World Bank Multicountry HIV/AIDS Program project. A second kit for genital ulcers is in development.

USAID supports the replication of the Tamatave franchised youth-friendly clinics network that provides mass media campaigns, counseling, and reproductive health services (including sexually transmitted infection treatment) in other high-risk cities.

Capacity building

USAID provides capacity building and technical assistance to the National Coordination of HIV Programs (central level). USAID supports the structuring and operation of local AIDS Committees in the Government of Madagascar's 20 priority zones.

For More Information

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